

**Work Order ID 90912**

Wednesday, October 17, 2012 2:33:19 PM

**\*90912\***

TUMOR

Page 1

Item ID: PB67-43001-181

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Item Name: Cover Plate

Stop **\*NS2\***

Start Date: 9/27/2012 Start Qty: 10.00

**\*10\***

Cust Item ID:

Required Date: 10/5/2012 Req'd Qty: 10.00

**\*10\***

Customer:

Reference:

Approvals: Process Plan: MC Date: 12-10-20

Tooling:

Date:

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_

Date:

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
B67-43001-181	Rev C								

100

0.00

**\*100\***

FLOW WATER JET

Waterjet

Memo

0.00

FLOW CNC Waterjet

1-Cut as per Dwg B67-43001 Dwg Rev: C Prog Rev: C

2024.037

\*\*\*\*grain direction along 7.25" \*\*\*\*2-Deburr if necessary

10 0 Jm 12-11-11

110

QC2- Inspect parts off machine FAI/FAIB

0.00

**\*110\***

QC

Memo

0.00

Quality Control

10 0 Jm 12-11-11

120

QC8- Inspect parts - second check

0.00

**\*120\***

QC

Memo

0.00

Quality Control

1045  
15  
2-89  
1211210 \_\_\_\_\_

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY										
<b>Landing Gear</b>			<b>General</b>			<b>Grain</b>		<b>Other</b>		
<input type="checkbox"/> Bending	<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> Cracks	<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Cuffs	<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Wave/Twist in Tube
<input type="checkbox"/> Bend	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Burrs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Countersink	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Drawing	<input type="checkbox"/> Finish	<input type="checkbox"/> Folio
<input type="checkbox"/> Grain	<input type="checkbox"/> Hardware	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Misread	<input type="checkbox"/> Offset	<input type="checkbox"/> Out of Calibration	<input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions
<input type="checkbox"/> Ovalized	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Part Moved	<input type="checkbox"/> Positioned Wrong	<input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced	<input type="checkbox"/> Temperature/Cure	<input type="checkbox"/> Weld	<input type="checkbox"/> Wrong Stock Pulled
							<input type="checkbox"/> Other			

**Work Order ID 90912****\*90912\***

Page 2

Wednesday, October 17, 2012 2:33:19 PM

Item ID: PB67-43001-181

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Item Name: Cover Plate

Stop **\*NS2\***

Start Date: 9/27/2012 Start Qty: 10.00

**\*10\***

Cust Item ID:

Required Date: 10/5/2012 Req'd Qty: 10.00

**\*10\***

Customer:

Reference:

Approvals:

Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

130

**\*130\***

NC BRAKE

0.00

Brake NC

Memo

0.00

Brake NC

Bend as per Dwg B67-43001

10

SB 12/11/19

140

**\*140\***

QC5- Inspect part completeness to step on W/O

0.00

QC

Memo

0.00

Quality Control

DAS  
15  
12/11/20

10

150

**\*150\***

Chemical Conversion Coat per QSI005 4.1

0.00

HandFinish

Memo

0.00

Hand Finishing

10 NG 12-11-21

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

**Work Order ID 90912****\*90912\***

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Wednesday, October 17, 2012 2:33:19 PM

Item ID: PB67-43001-181

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Item Name: Cover Plate

Stop **\*NS2\***

Start Date: 9/27/2012 Start Qty: 10.00

**\*10\***

Cust Item ID:

Required Date: 10/5/2012 Req'd Qty: 10.00

**\*10\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

160

Green Sandtex(Ref:4.3.5.8) per QSI005 4.3

0.00

**\*160\***

Powdercoat

Memo

0.00

Powder Coating

START TIME:

FINISH TIME:

OVEN TEMPERATURE:

170

QC3- Inspect Part Finish

0.00

**\*170\***

QC

Memo

0.00

Quality Control

180

Identify as per dwg & Stock Location: STY53 0.00**\*180\***

Packaging

Memo

0.00

Packaging

10X ~~Ø~~ 12/11/22 m/f

10 ~~Ø~~ 12/11/22

~~10X 8012-11~~

12/12/12 (10)

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

**Work Order ID 90912****\*90912\***

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Wednesday, October 17, 2012 2:33:19 PM

Item ID: PB67-43001-181

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Item Name: Cover Plate

Stop **\*NS2\***

Start Date: 9/27/2012 Start Qty: 10.00

**\*10\***

Cust Item ID:

Required Date: 10/5/2012 Req'd Qty: 10.00

**\*10\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

190

QC5- Inspect part completeness to step on W/O

0.00

**\*190\***

QC

Memo

0.00

Quality Control

200

PURCHASING

0.00

**\*200\***

Purchasing

Memo

0.00

Purchasing

SEND TO TALMAR FOR FOAM AND FABRIC

D/10: 18560

CL 12112103 (10)

210

Receive &amp; Inspect for Damage &amp; Mat'l Certs

0.00

**\*210\***

Packaging

Memo

0.00

Packaging

10x 80 12-12-11

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other



**Work Order ID 90912****\*90912\***

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Wednesday, October 17, 2012 2:33:19 PM

Item ID: PB67-43001-181

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Item Name: Cover Plate

Stop **\*NS2\***

Start Date: 9/27/2012 Start Qty: 10.00

**\*10\***

Cust Item ID:

Required Date: 10/5/2012 Req'd Qty: 10.00

**\*10\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

220

QC6- Inspect dimensions to drawing

0.00

**\*220\***

QC

Memo

0.00

Quality Control

230

Identify as per dwg & Stock Location: **ST453**

0.00

**\*230\***

Packaging

Memo

0.00

Packaging

240

QC21- Final Inspection - Work Order Release

0.00

**\*240\***

QC

Memo

0.00

Quality Control

MCS 12-12-18

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

# Picklist Print

Wednesday, October 17, 2012 2:33:19 PM

Page 1

Work Order ID: 90912

Parent Item: PB67-43001-181

Start Date: 9/27/2012

Required Date: 10/5/2012

Parent Item Name: Cover Plate

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP Rev:A 08-06-20 new issue DD verified by:ec  
dwg EC verified by:DD

IPP Rev B 10.10.04 per revC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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M2024T3S.032

Purchased

No

100

sf

155.1261

1.0572

11.128421

2024-T3 .032 sheet

11.2

Jm 12-11-11

Location

Loc Qty

Loc Code

MAT022

155.1261

118243

16.2481

118523

70.5

121309

54.578

123096

13.8

123574

123574

NCR: Yes / No

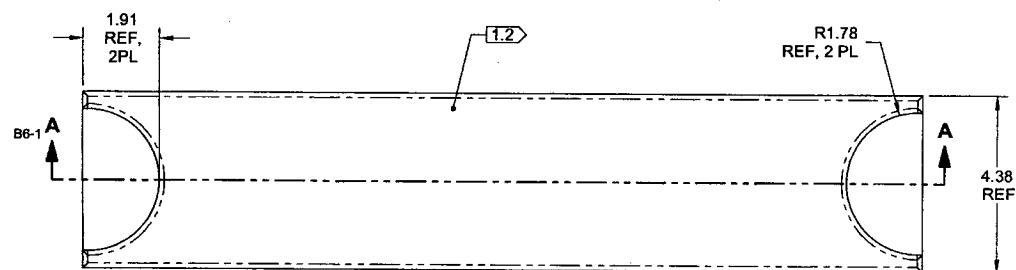
**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

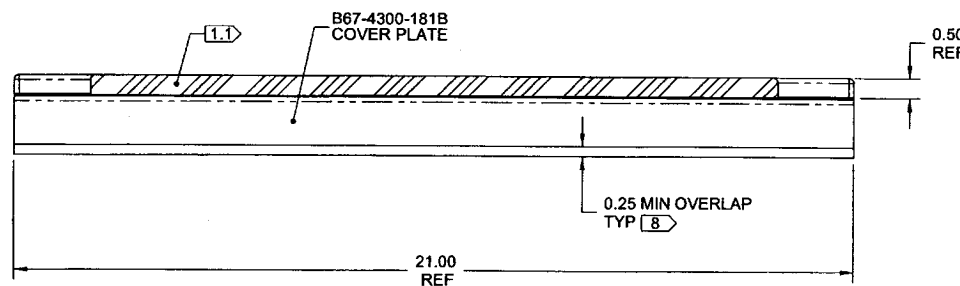
QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
<b>FAULT CATEGORY</b>											
<b>Landing Gear</b>			<b>General</b>								
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced							
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure							
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld							
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled							
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved	<input type="checkbox"/> Other							
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong								
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge								
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset									
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration									
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence									
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions									

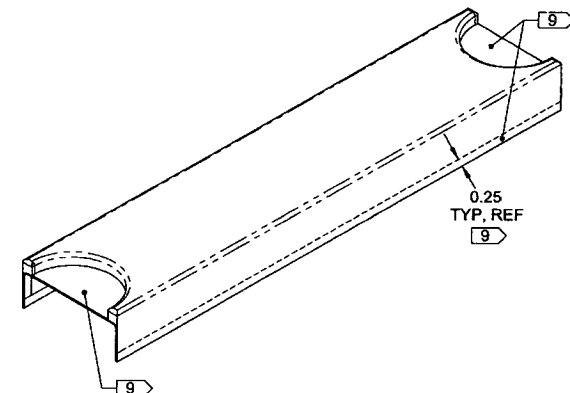
ITEM	QTY -181	P/N	DESCRIPTION
1	X	B67-43001-181	COVER PLATE ASSEMBLY
2	1	B67-43001-181B	COVER PLATE
3	A/R	1673-001	SEE NOTE 1.1
4	A/R	1495	SEE NOTE 1.2
5	A/R	LA4009	SEE NOTE 1.3



**B67-43001-181 COVER PLATE ASSEMBLY**




**SECTION A-A D8-1**



- NOTES:**
- MATERIAL:**
    - 1.1) FOAM: ETHYLENE PROPYLENE NEOPRENE SBR CLOSED-CELL, FLAME RETARDANT, 0.50 THICK, PER ASTM D1056 2A2, SERVICE TEMP -40°F TO +200°F, COLOUR: BLACK, REF. TULMAR P/N 1637-001
    - 1.2) FABRIC: 100% 420 DENIER NYLON, MIN THREAD COUNT 35X35, POLYURETHANE COATED ONE SIDE, COLOUR: BLACK, REF. TULMAR P/N 1495
  - 1.3) ADHESIVE: URETHANE WITH CATALYST, TWO PART, CLIFTON LA4009
  - 2) FINISH: BOND NEOPRENE TO COVER PLATE USING ADHESIVE. COVER WITH DENIER AS SHOWN.
  - 3) TOLERANCES: PER TABLE 1 (ZN A3-1) UNLESS OTHERWISE NOTED
  - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
  - 5) BREAK SHARP EDGES: N/A
  - 6) IDENTIFICATION: N/A
  - 7) WEIGHT: 0.78 lbs REF
  - 8) DENIER NYLON TO BE BONDED ALL AROUND INNER SIDES OF PLATE
  - 9) DENIER NYLON TO BE BONDED TO PLATE ON OUTER SIDE

**TABLE 1 3**

TOLERANCES ON FABRIC (PARTS AND ASSEMBLIES)
±1/8: DIMS <2
±1/4: DIMS 2 TO <10
±1/2: DIMS 10 TO <20
±5/8: DIMS 20 TO <40
±1.5%: DIMS EQUAL TO OR > 40

C	REDRAWN PREMIER AVIATION DRAWING IAW DART QSI 018, QSI 043 AND TULMAR SAFETY SYSTEMS INC.'S MANUFACTURING PROCESS AND TOLERANCES ON FABRIC: 4.38 WAS 4.25. FOR PREVIOUS REMIONS, REFER TO SHEETS 10 AND 29 OF PREMIER AVIATION DRAWING No. B67-43001. REASON: SEE PAR#09-011.		MB	10.04.27
REV.	DESCRIPTION		BY	DATE
DESIGN	RW	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA		
DRAWN				
CHECKED		DRAWING NO. <b>B67-43001-181</b>	REV. C	SHEET 1 OF 2
MFG. APPR.		TITLE <b>COVER PLATE</b>	SCALE NTS	
APPROVED	MA	DATE <b>10.04.27</b>		
DE APPR.	N/A	COPYRIGHT © 1995 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.		

90912  
**RELEASED**  
2010-09-16  
MP

NCR: Yes / No

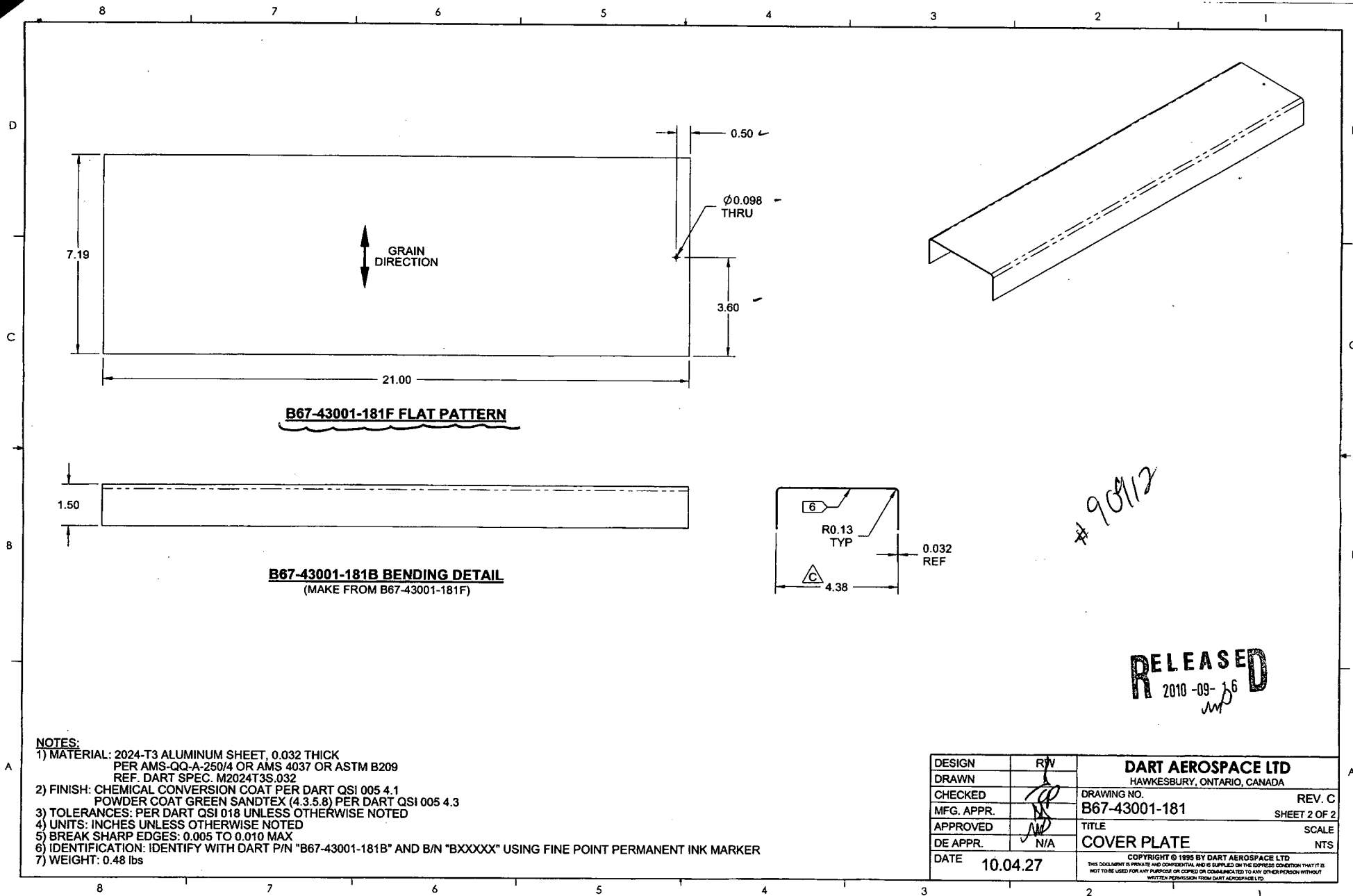
**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY			
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other



**NOTES:**

- 1) MATERIAL: 2024-T3 ALUMINUM SHEET, 0.032 THICK  
PER AMS-QQ-A-250/4 OR AMS 4037 OR ASTM B209  
REF. DART SPEC. M2024T3S.032
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
POWDER COAT GREEN SANDTEX (4.3.5.8) PER DART QSI 005 4.3
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "B67-43001-181B" AND B/N "BXXXXX" USING FINE POINT PERMANENT INK MARKER
- 7) WEIGHT: 0.48 lbs

DESIGN	RV	<b>DART AEROSPACE LTD</b>	
DRAWN		HAWKESBURY, ONTARIO, CANADA	
CHECKED		DRAWING NO.	REV. C
MFG. APPR.		<b>B67-43001-181</b>	SHEET 2 OF 2
APPROVED		TITLE	SCALE
DE APPR.	N/A	<b>COVER PLATE</b>	NTS
DATE	10.04.27	<small>COPYRIGHT © 1995 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions  <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other
---	---	--





# INVOICE

# TULMAR

Tulmar Safety Systems Inc.  
1123 Cameron Street  
Hawkesbury ON K6A 2B8  
Tel: 613-632-1282  
Fax: 613-632-2030  
GST R132478223  
MID: XOTULSAF1123HAW  
email: info@tulmar.com

Invoice No Page

46202 1

Invoice date

10-Dec-12

Bill To:

**Dart Aerospace**

1270 Aberdeen Street  
Hawkesbury ON K6A 1K7  
Canada

Ship To:

**Dart Aerospace**

1270 Aberdeen Street  
Att: Chantal Lavoie  
Tel: 613-632-9577  
Hawkesbury, ON K6A 1K7  
Canada

Order number	Sales Order Date	Account Number	Loc	Account Manager	
29617	12/4/2012	CDART100	H	100 Helena Vandeweerd	
PO Number	Ship via	Shipping Terms			
PO18560	Pick-Up	FOB HAWKESBURY			
Item No. Description	Quantity ordered	Qty Shipped/Returned Quantity on back order	Item price	UOM	Extended Price
8421-107 Dart Blade Fold Kit - Pad #8 Drawing No: (Ref B67-43001-33 Rev B1) DWG Rev: NR Line 1	8.00	8.00	75.00	EA	600.00
Lot no.: BATCH0000000005	8.00				
8421-103 Cover Plate Drawing No: B67-43001-181 DWG Rev: C Line 2	10.00	10.00	130.00	EA	1,300.00
Lot no.: BATCH0000000007	10.00				

**Comments:**

Sales amount: 1,900.00  
Miscellaneous amount: 0.00  
Freight: 0.00  
HST 247.00

**Payment terms** Net 30 Days

**Total amount due:** 2,147.00

CAD

SP 12-12-11

# PACKING SLIP

# TULMAR

Tulmar Safety Systems Inc.  
1123 Cameron Street  
Hawkesbury, ON K6A 2B8 CA  
Tel: 613-632-1282  
Fax: 613-632-2030  
MID : XOTULSAF1123HAW  
email: info@tulmar.com

Packing Slip No.

**46202**

Ship Date

10-Dec-12

Bill To:

**Dart Aerospace**

1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7. Canada

Ship to:

**Dart Aerospace**

1270 Aberdeen Street  
Att: Chantal Lavoie  
Tel: 613-632-9577  
Hawkesbury, ON K6A 1K7. Canada

Order number	Sales order date	Account number	Account manager
29617	4-Dec-12	CDART100	Helena Vandeweerd
PO number	Ship Via	Shipping Terms	
PO18560	Pick-Up	FOB HAWKESBURY	
Item No.	Quantity ordered	UOM	Qty Shipped/Returned
Description			Quantity on back order

8421-107  
Dart Blade Fold Kit - Pad #8/  
Drawing No: (Ref B67-43001-33 Rev B1)  
DWG Rev: NR  
Line 1

8 EA 8

Lot No: BATCH0000000005 Qty: 8

8421-103  
Cover Plate/  
Drawing No: B67-43001-181  
DWG Rev: C  
Line 2

10 EA 10

Lot No: BATCH0000000007 Qty: 10

Shipper

Date: **DEC 10 2012**

## Certificate of Conformance

☒ See Certification Enclosed

I hereby certify that the items listed hereon have been inspected, and / or tested (as applicable), conform to all specifications and requirements detailed in the contract or purchase order. Objective evidence to support this statement is on file, and can be made available upon request.  
If any questions or concerns, please contact QA Manager @ 613-632-1282 ext. 245.

Authorized Inspector

*Lorraine LaLiberte*

Date:

**DEC 10 2012**

# TULMAR

www.tulmar.com

## TULMAR SAFETY SYSTEMS INC

1123 Cameron Street

Hawkesbury, Ontario, Canada K6A 2B8

AQUA ENGINEERING – LIFE JACKETS – LIFE RAFTS – AERONAUTICAL & MARINE – SAFETY EQUIPMENT

TO:

DART AEROSPACE LTD.

Att: C. Lavoie

Tel: 613-632-9577

1270 Aberdeen Street

Hawkesbury, ON

K6A 1K7

Customer P.O. Number

PO18560

P/S# 46202

WO# 29617

Via

PICK-UP

Weight

lbs

Number of Cartons

1 box

# TULMAR

www.tulmar.com

## TULMAR SAFETY SYSTEMS INC

1123 Cameron Street

Hawkesbury, Ontario, Canada K6A 2B8

AQUA ENGINEERING – LIFE JACKETS – LIFE RAFTS – AERONAUTICAL & MARINE – SAFETY EQUIPMENT

TO:

Customer P.O. Number

P/S#

WO#

Via

Weight

Number of Cartons

1 box

12x24x36



# J. ENNIS FABRICS LTD.

*Wholesale Distributor of Textiles and Supplies*

August 31, 2012

Fax To: Tulmar Safety Systems

Fax: 613-632-2030

Attention: Meagan

EDMONTON  
HEAD OFFICE  
12122 - 68 Street  
Edmonton, AB T5B 1R1  
Canada  
Phone: (780) 474-5721

## Certificate of Conformance

Re: PO# 23876-00 for Oxford 7 Black

The goods shipped on P/O 23876-00 are as per sampled goods. Specification as follows:  
As per mill documentation:

Oxford 7 Black is in compliance with the following standards:

Width: Product is 58 Inches Wide.

Roll Size: Average Roll Length is 75 Yards.

Weight: Product Weight is 6.79 Ounces per Sq.Yd. /Product Weight is 10.94 oz per Lin.Yd

Content: 100% Nylon

Coating: Product has a Polyurethane Coating (approximately 0.65 oz/ Sq.Yd. (18.5g/sq.yd.))

Denier: Yarn is 420 Denier *5m3*

Thread Count: Construction is 62 x 38 Threads per Square Inch

Protective Finish: Product is Water Repellent.

Hydro Resist: AATCC 127 (Suter): Average 800 mm

Piece # 107904351 Manufacture Date: 07/20/12, Lot Number: 412019

TORONTO  
6300 Kenway Drive  
Mississauga, ON L5T 2N3  
Canada

CALGARY  
2nd Floor, 337 - 17 Avenue SW  
Calgary, AB T2S 0A5  
Canada

VANCOUVER  
13911 Bridgeport Road  
Richmond, BC V6V 1J6  
Canada

MONTREAL  
9280 boulevard du Golf  
Anjou, QC H1J 3A1  
Canada

Sincerely,  
J. Ennis Fabrics Ltd.

*C. Harris*

Crystal Harris  
Customer Service Center Team Lead/Supervisor

English: 1-800-66-ENNIS

Fax: (780) 479-6135  
www.jennisfabrics.com

Français: 1-888-66-ENNIS

materials used to mfg.  
8421-107

*TSS 1495 / B# 25 (S)*

E.F. Walter Inc.	<b>CERTIFICAT DE CONFORMITÉ</b> <b>CERTIFICATE OF COMPLIANCE</b>	Approved <u>JR</u> Date <u>1/3/02</u>
Revision # 0	Revision date: January 30, 2002	Doc # F.7.5.5.A
		Page 1 of 1

Date : 09/09/2008VENDU À  
SOLD TO6048TULMAR SAFETY SYSTEMS INC.  
1123 CAMERON STREET  
HAWKESBURY ONT  
K6A 2B8FOURNISSEUR  
VENDORE.F. WALTER INC.  
180 BARTOR ROAD  
TORONTO, ONTARIO  
M9M 2W6Commande / Order # 14649-00Notre / Our Reference # 55968

Nous certifions par la présente que la totalité du matériel inscrit ci-dessous a été inspecté et vérifié et est conforme aux devis et aux normes mentionnés sur votre commande.

We hereby certify that all of the material listed below has been inspected and tested and conforms to the drawings and / or specifications stated on your purchase order.

Item	Quantité Quantity	Pièce # Part #	Description
742050005	8.000 PCS	# 1637-001	SPONGE NEOPRENE BLACK SC42 TRIMMED NO SKIN (1/2" x 54" x 72") ASTM D1056, 2A2 <i>SM</i>
			LOT # 75570 MANUFACTURING DATE: Sept. 5, 2008

Signé  
Signed09/09/2008

TSS # 1637 - 001 / 02.

**FAX**

**E. F. WALTER INC.**  
5000 Hickmore  
Montréal, Qué. H4T 1K6

TEL. 514-735-2211

FAX. 514-735-5351

CIE / CO.: **TULMAR SAFETY SYSTEMS INC.**DE / FROM: **TONY FATA**ATTENTION **SANDRA NADEAU**FAX: **613-632-2030**

PAGES

**4**

INCLUDING THIS PAGE

DATE **9/17/2008****MESSAGE****GOOD AFTERNOON;****ATTACHED IS THE CERTIFICATE OF COMPLIANCE WITH YOUR REQUEST FOR ITEM #742050005.**

**THE PRODUCT DOES HAVE FLAME RESISTANCE LISTED ON THE DATA SHEET. IT HAS A SERVICE TEMPERATURE (WILL NOT BREAK DOWN) BETWEEN -40 TO 250°F. IT ALSO PASSES UL94 STANDARDS. WE HAVE INCLUDED A LINK TO THEIR SITE.**

**[HTTP://WWW.UL.COM/PLASTICS/FLAME.HTML](http://www.ul.com/plastics/flame.html)****PLEASE ADVISE IF FURTHER INFORMATION IS REQUIRED****BEST REGARDS,****B. ASSELIN FOR TONY FATA****FAX CONTROL.#***Page 1/2*

E.F. Walter Inc.	<b>CERTIFICAT DE CONFORMITÉ</b> <b>CERTIFICATE OF COMPLIANCE</b>		Approved <u>JR</u> Date <u>1/3/02</u>
Revision # 0	Revision date: January 30, 2002	Doc # F.7.5.5.A	Page 1 of 1

VENDU À  
SOLD TO

6048

TULMAR SAFETY SYSTEMS INC.  
1123 CAMERON STREET  
HAWKESBURY ONT  
K6A 2B8

Date : 09/09/2008

FOURNISSEUR  
VENDOR

E.F. WALTER INC.  
180 BARTOR ROAD  
TORONTO, ONTARIO  
M9M 2W6

Commande / Order # 14649-00

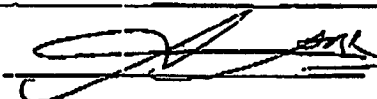
Notre / Our Reference # 55968

Nous certifions par la présente que la totalité du matériel inscrit ci-dessous a été inspecté et vérifié et est conforme aux devis et aux normes mentionnés sur votre commande.

We hereby certify that all of the material listed below has been inspected and tested and conforms to the drawings and / or specifications stated on your purchase order.

Item	Quantité Quantity	Pièce # Part #	Description
742050005	8,000 PCS	# 1637-001	SPONGE NEOPRENE BLACK SC42 TRIMMED NO SKIN (1/2" x 54" x 72") ASTM D1056, 2A2
			LOT # 75570 MANUFACTURING DATE: Sept. 5, 2008
			Product meets service temp ranger of -40°F up to 250°

Signé  
Signed



17/09/2008



**FAXED**  
9-7-12

# CLIFTON

## Adhesive, Inc

### Industrial Adhesives & Coatings

*A Division of Royal Adhesives and Sealants*

Date: 9/7/12

LA4009

Shipper #: 21841

### Certificate of Compliance

This letter certifies that 44 x 5 gallon pails of LA4009 Polyurethane Adhesive,  
lot number (s) 12-236 was shipped to you on 9/7/12. **\*\*Drawing No: (Ref 10557979)**  
**\*\*DWG REV: "A" SMD**

Clifton Adhesive, Inc manufactured this material according to internal specifications  
which include quality control and assurance procedures. The material was  
manufactured on 8/23/12 against your Purchase Order # 23716-00.

Shelf Life: 1 year from date of manufacture  
Expiration Date: 8/23/13

This letter certifies that 34 x quart cans of CATUV Accelerator,

Lot number 12-229 was shipped to you on 9/7/12.

Clifton Adhesive, Inc manufactured this material according to internal specifications  
which include quality control and assurance procedures. The material was  
manufactured on 8/16/12 against your Purchase Order # 23716-00.

Shelf Life: 1 year from date of manufacture  
Expiration Date: 8/16/13

Sincerely,

*Dan Constantino*

Daniel Constantino  
Quality Assurance Mgr/ISO Coordinator

48 Burgess Place • Wayne, NJ 07470 USA  
Phone: 973-694-0845 • Fax: 973-694-5678  
[www.cliftonadhesive.com](http://www.cliftonadhesive.com)

TSS 7122/54 (2)



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO18560

Purchase Order Date 12/03/12

PO Print Date 12/03/12

Page Number 1 of 1

Order From :

VC-TUL001

TULMAR SAFETY SYSTEMS  
1123 CAMERON ST  
HAWKESBURY, ON K6A 2B8  
CA

Contact Name

Vendor Phone

Vendor Fax

Vendor Account Nbr

613 632 1282

613 632 2030

Buyer

Requisition Nbr

Tax Resale Nbr

Terms

Currency

FOB

Chantal Lavoie

10127-2607

Net 30

CAD

Destination-Collect

Ship To :

DART AEROSPACE LTD 1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**FAKED**  
**COPIED**

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	90816	PB67-43001-33 UPPER PAD ASSEMBLY	12/17/12 Yes	8.00	Dart Truck	\$50.0000	\$400.00
2	90912	PB67-43001-181 COVER PLATE	12/17/12 Yes	10.00	Dart Truck	\$130.0000	\$1,300.00

Special Inst: FOAM AND FABRIC AS PER DWG PB67-43001-33 B90816

Special Inst: FOAM AND FABRIC AS PER DWG PB67-43001-181 B90912

PO Total:

\$1,700.00

CERTIFICATE OF CONFORMITY  
REQ'D UPON DELIVERY

Change Nbr:

Change Date: 12/03/12

No substitution or deviation without  
consent.  
Certificate of Conformity or Material  
Certification required - YES NO

# SALES ORDER ACKNOWLEDGEMENT

# TULMAR

Tulmar Safety Systems Inc.  
1123 Cameron Street  
Hawkesbury, ON K6A 2B8 Canada

Tel: 613-632-1282  
Fax: 613-632-2030

## Bill To

Dart Aerospace  
1270 Aberdeen Street  
Hawkesbury, ON, CA  
K6A 1K7

## Ship To

Dart Aerospace  
1270 Aberdeen Street  
Att: Chantal Lavoie  
Tel: 613-632-9577  
Hawkesbury, ON, CA  
K6A 1K7

Order No	Order Date	Page
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29617	4-Dec-12	1
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Customer Purchase Order

PO18560

Contact: Chantal Lavoie

Dear Customer,  
This document acknowledges receipt of your order. Please review the information presented here and advise us of any errors you notice or disagreements you have at your earliest convenience. For fastest service, write or call us at the address and phone number printed above. Please refer to our Order Number and your P.O. Number in all correspondence.

Customer	Payment terms	PPD/COL	Shipping Instructions
CDART100	Net 30 Days To Be Determined		FOB HAWKESBURY

Item No	Ship Date	Quantity	UOM	Unit Price	Extended Price
8421-107 Dart Blade Fold Kit - Pad #8/ Drawing No: (Ref B67-43001-33 Rev B1) DWG Rev: NR Line 1	17-Dec-12	8.0	EA	75.00	600.00
8421-103 Cover Plate/ Drawing No: B67-43001-181 DWG Rev: C Line 2	17-Dec-12	10.0	EA	130.00	1,300.00

Sales amount: 1,900.00

Sales tax: 247.00

Total: 2,147.00 CAD